

# Gas Diversion Field Investigator Summary

Today's Date:  
7/23/02

*July 23*

ID: 4111

Report Submitted By::

1st *D. Hobson* 2nd *H. Garza* 3rd

Investigation Date: *7/22/02*

Current Name: *MARIA UNZUELA*

Address: *3536 W HIRSCH*

City: *Chicago*

Floor: *1*

Meter Number:

Index:

Meter Remove Date:

Last Cust Of Rec:

Is Prem Gas On/Off: *On*

If Off, How:

Access Obtained How: *REFUSED*

How Left: *ON*

Were Photos Taken: ☐

How Many Photos: *0*

Was Phys Evid Remvd: ☐

How Was Serv Secure:

☒ Original

☐ FollowUp

☐ CallToOffice

☐ ReportTo

☐ MtrPipeOK

☐ Diversion

☐ Steal

☐ Occupant

☐ StolenMtr

☐ TampMtr

☐ VandMtr

☐ Tap

☐ SpecRead

☐ WritsOfRepl

☒ SeeComment

GeneratedBy:

*HGT LIST*

(Check Hardware or Enter Size If applicable)

Company Hardware

FWPlug:

☐ WingCockPro

☐ SpecLockDev

☐ B-Box

RPU Hardware

McGardPlug:

☐ ArmorCol

☐ McGardBolts

☐ PP

☐ PilferLock:

Additional Meter Readings If applicable

Address	Floor	Meter Num	Index

FollowUpNeed ☐

AppointDate:

WhatsNeeded:

CONTACT DISTRIBUTION FOR IMMEDIATE SHUT OFF

Appliances at Prem (Type, BTU, CFH):

Photographs

Details Description	Details Description	Details Description	Details Description
1: <input type="text"/>	7: <input type="text"/>	13: <input type="text"/>	19: <input type="text"/>
2: <input type="text"/>	8: <input type="text"/>	14: <input type="text"/>	20: <input type="text"/>
3: <input type="text"/>	9: <input type="text"/>	15: <input type="text"/>	21: <input type="text"/>
4: <input type="text"/>	10: <input type="text"/>	16: <input type="text"/>	22: <input type="text"/>
5: <input type="text"/>	11: <input type="text"/>	17: <input type="text"/>	23: <input type="text"/>
6: <input type="text"/>	12: <input type="text"/>	18: <input type="text"/>	24: <input type="text"/>

Condition Found

THIS IS A OCCUPIED 2 FLAT BUILDING.

WE WERE REFUSED ACCESS.

A B/BOX IS NEEDED.

Action Taken:

*10/22/03*

*P.W*

*P. 1 of 6*

GAS DIVERSION \*\*\*\*\*RPU REFUSED ACCESS 7/22/02 NO B/BOX. REF'D TO DIST DEPT TO CUT O

\*\*\*\*\*RPU REFUSED ACCESS 7/22/02. NO B/BOX. REF'D TO DIST DEPT TO CUT OFF @ MAIN.  
DO NOT TOUCH ANY ACCOUNT IN BLDG!!!!!! REF CALLS X-4991.

Submitted 07/22/02

GAS DIVERSION

00/00/0000

ADDRESS 3536 W Hirsch		DISTRICT N	ST. CODE	REFERENCE OR NEW NUMBER	
JOB STATUS (CIRCLE ONE) UNFINISHED COMPLETED		CREW SIZE 2	TIME ARRIVED 0800	TIME DEPARTED 1230	DATE OF WORK 8-19-02
REPORT TYPE OF WORK PERFORMED (CIRCLE OR CHECK)					
INST.-RECONN.-RENEWAL <input type="checkbox"/> New Service Inst. <input type="checkbox"/> Reconnected <input checked="" type="checkbox"/> Without Lengthen <input checked="" type="checkbox"/> Inplace Renewal <input type="checkbox"/> Relocation Renewal <input type="checkbox"/> Restore B-Box		TRANSFER TO NEW MAIN Service Renewed: Yes No How Transferred (Circle One) <input type="checkbox"/> Lengthen <input type="checkbox"/> Shorten Diff. Between Old & New Mains _____ Ft. <input type="checkbox"/> Transfer Only - Without Lengthen or Shorten <input type="checkbox"/> Relocation		CUT-OFFS <input type="checkbox"/> At Main <input type="checkbox"/> At Feeder <input type="checkbox"/> Ins. Front Bldg. <input type="checkbox"/> Main Abandoned <input type="checkbox"/> Cut Btwn. Main & Bldg Location _____	
REASON FOR RENEWAL (CIRCLE ONE IF RENEWED): PINPOINTING ON ACCOUNT OF LEAK YES NO		UPGRADE DRILL HOLES NUMBER _____		SHUT-OFFS <input type="checkbox"/> B-Box Only <input type="checkbox"/> Plug B-Box <input type="checkbox"/> Riser	
MAINTENANCE <input type="checkbox"/> Leak Repair <input type="checkbox"/> Pipe <input type="checkbox"/> Fitting <input type="checkbox"/> Valve <input type="checkbox"/> Valve Box <input type="checkbox"/> Poor Supply <input type="checkbox"/> Corrosion <input type="checkbox"/> Other		LEAK TIME STARTED _____		ENLARGED TIME COMPLETED _____	
OTHER JOB CODE _____		FILLED IN YES NO		OTHER	
CIRCLE TYPE OF SERVICE: STREET PARKWAY REAR EXT. BRANCH ALLEY MAIN PVT. PROPERTY					
PIPE FIELDS A = MAIN TO BLDG. C = OUTSIDE RISER D = INSIDE EXTENSION		SIZE 1 1/4	FEET 41	REUSED	PLASTIC SHIELDED Y
TOTAL FOOTAGE 47		PERMIT #		NUMBER OF OPENINGS 2	
SIZE 4 x 4		STREET ALLEY INS-CURB WALK LL-INS		PAVE: CONC ASPH LAWN DIRT	
SIZE 4 x 5		STREET ALLEY INS-CURB WALK LL-INS		PAVE: CONC ASPH LAWN DIRT	
SIZE x		STREET ALLEY INS-CURB WALK LL-INS		PAVE: CONC ASPH LAWN DIRT	
CIRCLE FOLLOW-UP (CIRCLE ONE): NONE CEMENT TRUCK - DUMP TRUCK - LAWN TRUCK - PLATE TRUCK - SHOP CARPENTER					
SOIL CLASSIFICATION (CHECK ONE) TYPE B TYPE C					
PRESSURE TEST: YES NO		PSI 30		MIN. 15	
DEPTH FEET 204		DIRECTION EE		STREET NAME Central Pk	
FT. IN.		10		SN	
T SHUT-OFF:		D SHUT-OFF:		RV. ENTERS BLDG.: 9 E SW	
PPED FROM ANOTHER STREET: (NAME)		CORNER OF BLDG.		SIDE ENTRY: YES NO	
CIRCLE ONE		TRANSFER ORDERS METER LOC:		OUTSIDE FRONT OUTSIDE OTHER	
CESS FLO VALVE: NONE A = DRESSER B = PHILLIP-DRISCO C = UMAC		IN O.: LOCATION 23NS		SIZE 6	
PRESSURE C		KIND CODE CT		CONDITION: NOT EXPOSED GOOD POOR IF POOR, DESCRIBE ON BACK	
KG. OF PUBLIC ASSY: HOSPITAL CHURCH SCHOOL OTHER NAME:		SURVEY FREQUENCY RESIDENTIAL BUSINESS LOOP		VEHICLE NUMBER 2920	
NATURE: Full Repair		EMPLOYEE NUMBER		COMPRESSOR NUMBER PTO	
VOICE PIPE ORDER FORM 32 8-30-93					

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Cut off ticket.

Exhibit 3

ADDRESS						SHOP					
3536 W HIRSH ST						NORTH					
TYPE OF SERVICE		REPORT TYPE OF WORK PERFORMED									
<input checked="" type="checkbox"/> STREET <input type="checkbox"/> PARKWAY <input type="checkbox"/> MAIN IN PVT. PROP. <input type="checkbox"/> ALLEY <input type="checkbox"/> BRANCH <input type="checkbox"/> REAR EXTENSION		<b>INSTALL-RECON-RENEWAL</b> <input type="checkbox"/> NEW SERVICE <b>RENEWAL WORK</b> <input type="checkbox"/> UPGRADE <input type="checkbox"/> LEAK <input type="checkbox"/> RESTORE RELOCATED? <input type="checkbox"/> YES <input type="checkbox"/> RECONNECTED WITHOUT RENEWAL <input type="checkbox"/> RESTORE B-BOX		<b>TRANSFER TO NEW MAIN</b> SERVICE RENEWED: <input type="checkbox"/> YES <input type="checkbox"/> NO HOW TRANSFERRED <input type="checkbox"/> LENGTHEN <input type="checkbox"/> SHORTEN DIFF. BETWEEN OLD AND NEW MAINS _____ FT. <input type="checkbox"/> TRANSFER ONLY - WITHOUT LENGTHEN OR SHORTEN RELOCATED? <input type="checkbox"/> YES		<b>CUT-OFF</b> <input type="checkbox"/> AT MAIN <input type="checkbox"/> AT FEEDER <input type="checkbox"/> INSIDE FRONT BLDG. <input type="checkbox"/> MAIN ABANDONED <input checked="" type="checkbox"/> CUT BETWEEN MAIN & BLDG. LOCATION <u>16 SN</u> <input type="checkbox"/> INTERNAL PLUG (MAIN ABANDONED)		<b>SHUT-OFF</b> <input type="checkbox"/> B-BOX ONLY <input type="checkbox"/> PLUG B-BOX <input type="checkbox"/> RISER		<b>MAINTENANCE</b> <input type="checkbox"/> LEAK REPAIR <input type="checkbox"/> VALVE BOX <input type="checkbox"/> POOR SUPPLY <input type="checkbox"/> CORROSION <input type="checkbox"/> OTHER _____	
SERVICE PIPE INSTALLED OR REUSED				PLASTIC		STEEL					
PIPE FIELD	SIZE	FEET	REUSED	SLEEVED	DIRECT BURIAL	INSULATED AT TAP (MAINFEEDER)	NOT INSULATED AT TAP (MAINFEEDER)	EXPOSED			
A = MAIN TO BUILDING											
C = OUTSIDE RISER											
Z = RISER TO INSIDE BUILDING											
D = INSIDE EXTENSION											
JOB CODE <u>600</u>		TOTAL FOOTAGE _____				NUMBER OF OPENINGS <u>1</u>					
RESTORATION SIZE		LOCATION				PAVEMENT					
SIZE <u>6</u> X <u>6</u>	STREET	ALLEY	<u>PARKWAY</u>	WALK	INS-LL	ASPHALT	CONCRETE	<u>LAWN</u>	DIRT		
SIZE _____ X _____	STREET	ALLEY	PARKWAY	WALK	INS-LL	ASPHALT	CONCRETE	LAWN	DIRT		
SIZE _____ X _____	STREET	ALLEY	PARKWAY	WALK	INS-LL	ASPHALT	CONCRETE	LAWN	DIRT		
FOLLOW-UP: PRESSURE TEST & TURN-ON		LANDSCAPE SPECIAL		FOLLOW-UP REMARKS							
PRESSURE TEST: YES <input type="checkbox"/> <u>NO</u> PSI <u>0</u> MINUTES <u>0</u>		ANODE INSTALLED: YES <input type="checkbox"/> <u>NO</u>									
DEPTH OF MAIN		LOCATION INFORMATION									
<u>3</u> FT. <u>6</u> IN.		FEET	DIRECTION	STREET NAME				PROD. DIR.			
TAP LOCATION:		<u>204</u>	<u>EE</u>	<u>CENTRAL PK. AV.</u>							
1ST SHUT-OFF:				<u>AUG 23 2002</u>							
2ND SHUT-OFF:											
SERV. ENTERS BLDG.:			CORNER OF BLDG.				SIDE ENTRY: YES <input type="checkbox"/> <u>NO</u>				
TAPPED FROM ANOTHER STREET (NAME):				TEST BOX LOCATION: (CHGS FORMAT)							
EXCESS FLOW VALVE: <u>NONE</u>		A = DRESSER		C = UMAC		D = OTHER					
MAIN INFO.: LOCATION <u>23 NS</u> SIZE <u>6"</u> PRESSURE <u>LOW</u>		KIND CODE: <input type="checkbox"/> PL <input type="checkbox"/> ST <input type="checkbox"/> CI <input type="checkbox"/> DI		CONDITION: <u>NOT EXPOSED</u>		GOOD		POOR <input checked="" type="checkbox"/> IF POOR, DESCRIBE ON BACK			
BUILDING OF PUBLIC ASSEMBLY HOSPITAL CHURCH SCHOOL OTHER NAME _____				SURVEY FREQUENCY: <u>RESIDENTIAL</u>		BUSINESS		LOOP			
PREPARED BY <u>J. CHRISTOPHER JR</u>				EMPLOYEE NUMBER <u>1041</u>		DATE OF WORK <u>8-18-02</u>					

# Gas Diversion Field Investigator Summary

Today's Date:

10/8/02

ID: 4966

Report Submitted By:

1st **D. Hobson** 2nd **H. Garza** 3rd

Investigation Date: **10/7/02**

Current Name: **JUAN UNZUETA**

Address: **3536 W HIRSCH**

City: **Chicago**

Floor: **2**

Meter Number: **2035413**

Index: **4900**

Meter Remove Date: **10/7/02**

Last Cust Of Rec:

☒ Original

☐ FollowUp

☐ CallToOffice

☐ ReportTo

☐ MtrPipeOK

☐ Diversion

☒ Steal

☐ Occupant

☐ StolenMtr

☐ TampMtr

☐ VandMtr

☐ Tap

☐ SpecRead

☐ WritsOfRepl

☒ SeeComment

Is Prem Gas On/Off

**Off**

If Off, How:

**Main**

Access Obtained How

**2FL TENANT**

How Left:

**OFF**

Were PhotosTaken:

☒

How Many Photos:

**6**

Was Phys Evid Remvd:

☐

How Was Serv Secure:

GeneratedBy:

**H/G LIST**

(Check Hardware or Enter Size if applicable)

Company Hardware

FWPlug:

☐ WingCockPro

☐ SpecLockDev

☐ B-Box

RPU Hardware

McGardPlug:

☐ ArmorCol

☐ McGardBolts

☐ PP

☐ PilferLock:

Additional Meter Readings If applicable

Address	Floor	Meter Num	Index

FollowUpNeed

☐ AppointDate:

WhatsNeeded:

Appliances at Prem (Type, BTU, CFH):

A 140 CFH BOILER  
A 30 GAL/30 CFH AWH

## Photographs

Details Description	Details Description	Details Description	Details Description
1:	7:	13: 3/4"ELL WITH WET PIPE	19:
2:	8:	14: 1/2"PLAIN PLUG AND NIP	20:
3:	9:	15: BOILER	21:
4:	10:	16: AWH	22:
5:	11: COMPRESSION RING ABO	17:	23:
6:	12: WRENCH MARKS INLET C	18:	24:

## Condition Found

THIS IS A OCCUPIED 2 FLAT BUILDING.  
THE BUILDING OWNER RESIDES ON THE 1ST FLOOR.

WE WERE HERE ON 7/22/02 AND WERE REFUSED ACCESS. THE BUILDING OWNER WAS ON THE FRONT POUCH WHEN WE ARRIVED. AS WE EXITED THE VEHICLE AND WALKED TOWARD THE BUILDING SHE RAN INTO THE HOUSE AND LOCKED THE DOORS. NO B/BOX.

WE HAD A P/CUT ISSUED.

A P/CUT WAS COMPLETED ON 8/19/02.

SOON AFTER THE MAIN WAS CUT APPLICATION WAS MADE FOR SERVICE.

WE WENT BACK FOR AN APPOINTMENT ON 10/4/02 AND DID NOT GAIN ACCESS. A YELLOW NOTE WAS LEFT.

TODAY ACCESS WAS ALLOWED BY THE 2FL TENANT WHOM IDENTIFIED HIMSELF AS JUANA PATRICIO. AND STATED HE HAS BEEN LIVING HERE FOR 15 DAYS. THE HOUSE IS WELL LIVED IN.

THE OWNER ON THE 1FL WAS HOME BUT INSISTED WE GO UP THRU THE 2ND FLOOR APARTMENT AND THEN BACK DOWN TO THE BASEMENT.

*cut - 8/29/02 P. 5 of 6*

THE 2FL METER # 2035413 INDEX 4900 WAS OFF AND LOCKED.

A COMPRESSION RING WAS FOUND ABOVE THE INLET COLLAR. WRENCH MARKS WERE ALSO FOUND ON THE COLLAR.

AFTER FURTHER INSPECTION WE FOUND THE METER BAR COLLARS LOOSE. THEY WERE LESS THEN HAND TIGHT.

WE HAD THE METER REMOVED FROM THE COLLARS AND FOUND THE COMPONENTS UNDER THE INLET COLLAR LOOSE AND LOW ON THE INLET NIPPLE. AS THE METER WAS LOWERED FROM THE COLLARS THE INLET COMPONENTS EXCEPT FOR THE SPRING FELL FROM THE NIPPLE.

A 3/4"ELL IN THE HEADER CONNECTING THE HEADER TO THE METER BAR HAD WRENCH MARKS ON IT. WHEN WE HAD THE ELL REMOVED NON GAS COMPANY PIPE COMPOUND WAS FOUND ON THE INSIDE OF THE ELL.

A 1/2"NIPPLE AND PLAIN CAP WAS FOUND ON THE HOUSE SIDE OF THE 1FL METER IN THE DIRECTION OF THE ELL AT THE 2FL DROP.

WHEN CONNECTED TO THE ELL THIS WOULD SUPPLY GAS TO THE BUILDING BOILER AND AWH.

AFTER INSPECTING THE APPLIANCES WE FOUND THEM IN GOOD CONDITION". THERE WAS STILL WATER IN THE AWH'S.

THE METERS WERE LOCKED OFF IN AUGUST OF 2001.

THE TENANTS WOULD HAVE WENT THRU AN ENTIRE WINTER WITHOUT USE OF THE APPLIANCES.

AS WE WENT BACK THRU THE 2FL APARTMENT WE DID NOT NOTICE ANY ELECTRICAL COOKING APPLIANCES.

THE 1ST FLOOR METER # 2035393 INDEX WAS OFF AND LOCKED.

BILL OWNER FOR ILLEGAL USAGE

**Action Taken:**

HAD 2FL METER REMOVED WITH EVIDENCE.  
SERVICE SECURE AT MAIN.

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